

WOMBLE  
CARLYLE  
SANDRIDGE  
& RICE

A PROFESSIONAL LIMITED  
LIABILITY COMPANY

Suite 400  
2510 Meridian Parkway  
Durham, NC 27713

Mailing Address:  
Post Office Box 13069  
Research Triangle Park, NC 27709  
Telephone: (919) 484-2300  
Fax: (919) 484-2340  
Web Site: www.wcsr.com

RECEIVED  
CENTRAL FAX CENTER

OCT 12 2006

David S. Bradin

Direct Dial: (919) 484-2382  
Direct Fax: (919) 484-2340  
E-mail: dbradin@wcsr.com

## FACSIMILE

October 12, 2006

Number of Pages: 16

Please call the following number if the message you  
receive is incomplete or not legible: (919) 484-2301

C/M

48547.0012.5

To:

Company:

Fax:

Phone:

MS: Non-Fee Amendment

USPTO

1.571-273-8300

Please see attached.

Thank you,

David S. Bradin

**CONFIDENTIAL AND PRIVILEGED:** The information contained in this facsimile is privileged and confidential information intended for the sole use of the addressee. If the reader of this facsimile is not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this FAX in error, please immediately notify the person listed above, and return the original message by mail to the sender at the address listed above.

WCSR 2454357y1

RECEIVED  
CENTRAL FAX CENTER

OCT 12 2006

PTO/SB/07 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

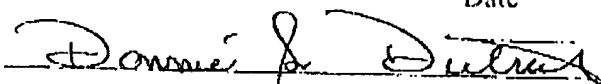
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**Certificate of Transmission under 37 CFR 1.8**

I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent Office,

(M/S: Non-Fee Amendment) (571-273-8300) on October 12, 2006.

Date



Signature

Donnie S. Dietrich

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Serial No. 10/643,319, filed on August 19, 2003.

The following documents are included:

- Fax Cover Page (1 page)
- Fee Transmittal (1 + 1 cc = 2 pages)
- Response/Amendment (8 pages)
- Amendment Transmittal letter (1 + 1 cc = 2 pages)
- Petition for three month extension of time (1 + 1 cc = 2 pages)
- This page (1 page)

Total: 16 pages

Atty. Dkt. No.: M233 1030.1 (48547.0012.5)

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FILES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patent, P.O. Box 1450, Alexandria, VA 22313-1450.

*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.*

WCSR 3454443v1

PTO/SB/17 (01-06)  
Approved for use through 07/31/2006. OMB 0551-0032  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818).

## FEE TRANSMITTAL

### For FY 2006

☒ Applicant claims small entity status. See 37 CFR 1.27

<b>TOTAL AMOUNT OF PAYMENT</b>		(\$)	510.00
--------------------------------	--	------	--------

<b>Complete if Known</b>		<b>RECEIVED</b> <b>CENTRAL FAX CENTER</b> <b>OCT 12 2006</b>
Application Number	10/643,319	
Filing Date	Aug. 19, 2003	
First Named Inventor	RUFF, et al.	
Examiner Name	OH, Simon, J.	
Art Unit	1618	
Attorney Docket No.		M233 1030.1 (48547.0012 5)

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account. Deposit Account Number: 09-0528 Deposit Account Name: Womble Carlyle

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

**Total Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**

\_\_\_\_ - 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**

\_\_\_\_ - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

Description	Fee (\$)	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)		
Other (e.g., late filing surcharge): Petition for Three Month Extension of Time for Small Entity	\$510.00	

**SUBMITTED BY:**

Signature	<i>David S. Bradin</i>	Registration No. (Attorney/Agent)	37,783	Telephone	919.484.2382
Name (Print/Type)	David S. Bradin	Date			
		October 12, 2006			

This collection of information is required by 37 CFR 1.130. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SR/17 (01/06)

Approved for use through 07/31/2006, OMB 0651 0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4010).

**FEE TRANSMITTAL**  
**For FY 2006**☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) \$10.00

**Complete if Known**

Application Number	10/643,319
Filing Date	Aug. 19, 2003
First Named Inventor	RUFF, et al.
Examiner Name	OH, Simon, J.
Art Unit	1618
Attorney Docket No.	M233 1030.1 (48547.0012.5)

RECEIVED  
CENTRAL FAX CENTER

OCT 12 2006

**METHOD OF PAYMENT (check all that apply)**
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 09-052B Deposit Account Name: Womble Carlyle

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2036.

**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
--------------	--------------	----------	---------------

_____ - 20 or HP = _____ x _____ = _____	
--	--

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
---------------	--------------	----------	---------------

_____ - 3 or HP = _____ x _____ = _____	
---	--

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
--------------	--------------	--	----------	---------------

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____	
---	--

**4. OTHER FEE(S)**Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)Other (e.g., late filing surcharge): Petition for Three Month Extension of Time for Small Entity \$510.00**SUBMITTED BY**

Signature: <i>David S. Brann</i>	Registration No. (Attorney/Agent): 37,783	Telephone: 919.484.2382
Name (Print/Type): David S. Brann		Date: October 12, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-FI-9199 and select option 2.

Atty. Dkt. No.: M233 1030.1 (48547.0012.5)

In re **PATENT** application of: RUFF, et al.  
Serial No: 10/643,319  
Filed: August 19, 2003  
Title: **COATED DIBASIC CALCIUM PHOSPHATE**

RECEIVED  
CENTRAL FAX CENTER  
OCT 12 2006

**AMENDMENT TRANSMITTAL LETTER**

**MS: NON-FEE AMENDMENT**  
Commissioner For Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below.

CLAIMS AS AMENDED					
	Claims after Amend.	Highest Prev. Paid For	Extra	Rate LE/SE	Additional Fee
Total Claims	14	- 20	= 0	X \$50/\$25	= \$0
Indep Claims	2	- 3	= 0	X \$200/\$100	= \$0
			Total Additional Fee for this Amendment = \$0		



No fee is required.

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to our Deposit Account No. 09-0528.

Respectfully submitted,

10/12/06  
Date

David S. Bradin  
David S. Bradin  
Reg. No. 37,783

Womble Carlyle Sandridge & Rice, PLLC  
P.O. Box 7037  
Atlanta, GA 30357-0037  
(404) 872-7000 (Telephone)  
(404) 888-7490 (Facsimile)

ATLANTA 139412v1

Atty. Dkt. No.: M233 1030.1 (48547.0012.5)

In re PATENT application of: RUFF, et al.  
Serial No: 10/643,319  
Filed: August 19, 2003  
Title: COATED DIBASIC CALCIUM PHOSPHATE

RECEIVED  
CENTRAL FAX CENTER  
OCT 12 2006

## AMENDMENT TRANSMITTAL LETTER

MS: NON-FEE AMENDMENT  
Commissioner For Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.


The fee has been calculated as shown below.

CLAIMS AS AMENDED					
	Claims after Amend.	Highest Prev. Paid For	Extra	Rate LE/SE	Additional Fee
Total Claims	14	- 20	= 0	X \$50/\$25	= \$0
Indep Claims	2	- 3	= 0	X \$200/\$100	= \$0
			Total Additional Fee for this Amendment = \$0		

- ☒ No fee is required.  
☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to our Deposit Account No. 09-0528.

Respectfully submitted,

10/12/06  
Date

  
David S. Bradin  
Reg. No. 37,783

Womble Carlyle Sandridge & Rice, PLLC  
P.O. Box 7037  
Atlanta, GA 30357-0037  
(404) 872-7000 (Telephone)  
(404) 888-7490 (Facsimile)

ATLANTA 139412v1